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Joseph Weathered  
Joseph Weathered

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT : NAKAO, Naomi, L.  
APPLICATION NO. : 10/687,177  
DATE FILED : 10-16-2003  
FOR : ENDOSCOPE WITH OPEN CHANNELS  
GROUP ART UNIT : 3739

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF  
SUPPLEMENTAL APPLICATION DATA SHEET**

S I R:

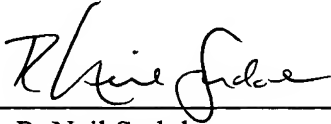
Enclosed herewith please find a Supplemental Application Data Sheet which includes changes to the Initial Application Data Sheet previously entered in the above-identified application. More specifically, information regarding the assignee of the above-identified application has been added. Please enter the enclosed Supplemental Application Data Sheet in the application.

Please credit any overpayment or charge any additional fees due in connection with this

communication to Deposit Account No. 04-0838. A copy of this Submission is enclosed  
herewith for deposit account charging purposes.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

By:   
R. Neil Sudol  
Reg. No. 31,669

Dated: June 16 2005

714 Colorado Avenue  
Bridgeport, CT 06605-1601  
(203) 366-3560



## **Supplemental Application Data Sheet**

### **Application Information**

Application Number::	10/687,177
Filing Date::	10/16/2003
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	ENDOSCOPE WITH OPEN CHANNELS
Attorney Docket Number::	G30-016
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	7
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Naomi

Middle Name::	L.
Family Name::	NAKAO
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	313 East 57 <sup>th</sup> Street, Apt. 36, 37C
City of mailing address::	New York
State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10022

## **Correspondence Information**

Name:	R. Neil Sudol
Street of mailing address::	714 Colorado Avenue
City of mailing address::	Bridgeport
State or Province of mailing address::	Connecticut
Country of mailing address::	US
Postal or Zip Code of mailing address::	06605-1601
Phone number::	(203) 366-3560
Fax Number::	(203) 335-6899
E-Mail address::	rnspatent@gis.net

## **Representative Information**

Representative Customer Number::	28156	
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### **Assignment Information**

Assignee name:: GRANIT MEDICAL  
INNOVATION LLC

Street of mailing address:: 992 Fifth Avenue

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address:: US

Postal or Zip Code of mailing address:: 10028